

EMT-Basic Instructor Application Information
(updated 7/03)

Thank you for your interest in becoming an approved BLS Instructor in Arizona.

Pursuant to Arizona Administrative Code R9-25-305(A)(5) and (6), instructors for EMT-Basic courses shall be approved by the Bureau of Emergency Medical Services. That approval requires the following:

1. Hold current Arizona licensure or certification as a physician, nurse, or EMT at any level.
2. Maintain current BCLS instructor status from American Heart Association or American Red Cross.
3. Demonstrate 500 hours of clinical experience or 40 hours of teaching experience as a physician, nurse or EMT at any level in prehospital care, emergency medicine or critical care within the last two years.
4. Complete an EMT instructional strategies program. This is a two-part program consisting of a 24-hour didactic course (I.S.C.) dealing with methods of instructing the adult learner and a 100-hour internship to be served at an EMT-Basic course. Successful completion of the I.S.C. requires:
 - a. Attendance and participation;
 - b. A minimum score of 80% on a 150 question, multiple choice EMT-Basic written exam and passing the six NREMT practical skills exam stations on the first attempt (one retest, on a single station is allowed);
 - c. Passing the final I.S.C. written exam; and
 - d. A 10 to 15 minute EMT-Basic curriculum presentation evaluated by staff.

IMPORTANT: To qualify for an Instructional Strategies Course you must have a letter of commitment from the program director of a certified BLS Training Program stating that he/she will allow you to complete your internship with an approved instructor during one of their EMT-Basic courses.

Please fill out both pages of the application and return it to the location at the bottom of the form or your regional BEMS office. Include copies of:

1. Your current certification card or license;
2. BCLS Instructor Card; and
3. Letter of commitment from a Certified Training Program.

You will be notified when the next Instructional Strategies Course is scheduled.

If you have further questions, contact your regional BEMS office:

Central Region

150 N. 18th Ave., #540
Phoenix, AZ 85007
(602) 364-3150

Northern Region

1500 E. Cedar Ave, #22
Flagstaff, AZ 86004
(928) 774-2218

Southeastern Region

400 West Congress
Tucson, AZ 85701
(520) 628-6985

Western Region

150 N. 18th Ave., #540
Phoenix, AZ 85007
(602) 364-3150

*ARIZONA DEPARTMENT OF HEALTH SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES*

APPLICATION FOR INSTRUCTIONAL STRATEGIES COURSE

Application is made by the undersigned for approval as an Instructor in Emergency Medical Technician Training Programs. This application will be held on file for 1 year from the date it is received. You will be notified of the next proposed Instructional Strategies Course.

PERSONAL INFORMATION:

Name: _____	SS# _____
Home Address: _____	
City: _____	Zip Code: _____
Employer: _____	
Work Address: _____	
City: _____	Zip Code: _____
Telephone: (H) _____	(W) _____ (PGR) _____
E-Mail Address: _____	

CERTIFICATION/LICENSURE: (Prerequisite to attend the Instructional Strategies Course)

ARIZONA EMT Certification: Level _____	Number _____	Expiration _____
ARIZONA Licensure: RN License Number _____	Expiration _____	
ARIZONA Physician License Number _____	Expiration _____	
CPR Instructor Certification: Issued by AHA - Level _____ Expiration _____		
Issued by ARC - Level _____ Expiration _____		
(Attach and submit copies)		

EXPERIENCE VERIFICATION: (Prerequisite to attend the Instructional Strategies Course)

In the past two (2) years -
I have completed 500 hours of clinical experience at _____
_____ (dates) _____
OR
I have completed 40 hours of teaching in prehospital emergency medicine or critical care at:
_____ (dates) _____

EDUCATION AND TRAINING

(List last attended first)				
<u>College-University</u> <u>Trade/Business School</u>	<u>City & State</u>	<u>Date Last</u> <u>Attended</u>	<u>Degree</u> <u>Awarded</u>	<u>Major/Minor</u> <u>Subjects</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
High School / GED _____				

TEACHING EXPERIENCE

(List EMT-Basic first - others last)			
<u>Classes Taught</u>	<u>Institution/Firm/Other</u>	<u>Date(s) Taught</u>	<u>Supervisor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CREDENTIALS

(List additional teaching credentials and/or certificates) - Attach copies		
<u>Certificate/License or Permit</u>	<u>Issuing Agency</u>	<u>Date Issued / Expiration</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a letter of commitment to provide your internship from an Arizona certified BLS training program.

Applicant's signature: _____ Date: _____

Return to:

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